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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/829,256	04/09/2001	Jeffrey Dinkel	DINK1	7582
	7590 01/15/200 SANDERS LLP	9	EXAMINER	
600 PEACHTR	EE STREET , NE		A, PHI DIEU TRAN	
ATLANTA, GA	4 30308		ART UNIT	PAPER NUMBER
		_	3633	
			MAIL DATE	DELIVERY MODE
			01/15/2009	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intervious Company	09/829,256	DINKEL, JEFFREY	
Interview Summary	Examiner	Art Unit	
	PHI D. A	3633	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>PHI D. A</u> .	(3)		
(2) <u>Filip A. Kowalewski</u> .	(4)		
Date of Interview: <u>14 January 2009</u> .			
Type: a)☐ Telephonic b)☐ Video Conference c)☑ Personal [copy given to: 1)☐ applicant 2	2)⊠ applicant's representative	·]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) <u></u> No.		
Claim(s) discussed: <u>1,52 and 53</u> .			
Identification of prior art discussed: <u>Dinkel</u> .			
Agreement with respect to the claims f)☐ was reached. g)⊠ was not reached. h)□ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>attorney will submit a supconsider the response when filed</u> .			
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no c allowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, Y	been filed, APPI OAYS FROM T WHICHEVER IS	LICANT IS 'HIS LATER, TO
/Phi D A/ Primary Examiner, Art Unit 3633			

Application No.

Applicant(s)